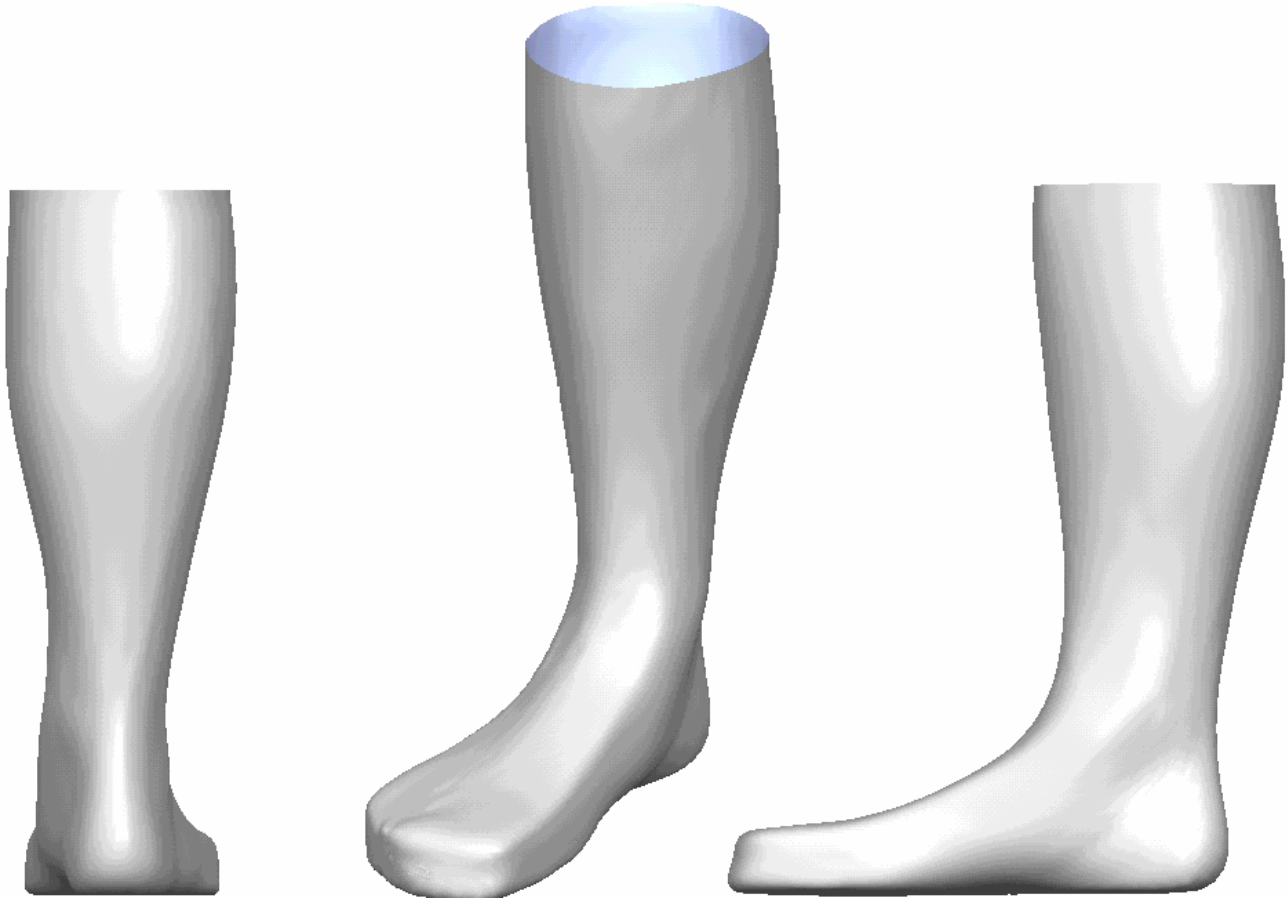


# BECKER ORTHOPEDIC

*A Tradition of Excellence A Commitment to Innovation*

635 Executive Drive, Troy, Michigan 48083-4576 USA  
(248) 588-7480 Fax (248) 588-2960  
[www.beckerorthopedic.com](http://www.beckerorthopedic.com)

Rudolf Becker Orthopedic, B.V. (Europe)  
Euro Business Center, Keizersgracht 62/64, 1015CS Amsterdam  
(020) 520-7956 Fax (020) 520-7510



Computer generated AFO's using TracerCAD technology are now available from Becker Orthopedic's Central Fabrication Department.

This technology eliminates the use of casting materials for adult cases without significant deformity; contraindications can include tibial varum, severe pes planus or atypical calf shape.

Anatomically correct templates have been developed by our Engineering and Clinical staff and are shown above in posterior, oblique and medial views.

AFO's can be produced from measurement by completing the attached, comprehensive CAD/CAM AFO patient information, measurement reference, and orthosis information forms. This information should be faxed "ATTN: C-FAB CAD/CAM AFO" to our Central Fabrication Department fax line at 248-588-4555.

Existing users of TracerCAD can also electronically transfer their own AFO files directly to us for carving and fabrication. Email the AFO file as an attachment to [BECKERORTHO@prodigy.net](mailto:BECKERORTHO@prodigy.net).

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## CAD/CAM AFO PATIENT INFORMATION

Facility: _____	Orthotist: _____
Street: _____	Phone: _____
City: _____	State: _____ Zip: _____
Patient Name: _____	Dx: _____
Today's Date: _____	Completion Date: _____

Affected Side: Left <input type="checkbox"/> Right <input type="checkbox"/>	Measurements: inches <input type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/>	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Ht.: _____	Wt.: _____	Shoe Size: _____ Age: _____

Type	#	Measurements	Value
<i>Heights from bottom of foot to:</i>	1	Top of AFO	
	2	Mid-Calf	
	3	Base Calf	
	4	Narrowest Calf	
	5	Apex of Medial Malleolus	
<i>Lengths</i>	6	Posterior Calcaneus to Apex of First Metatarsal Head	
	7	Posterior Calcaneus to Apex of Fifth Metatarsal Head	
	8	Base of Fifth Metatarsal to Apex of Fifth Metatarsal Head	
<i>ML Diameters of Foot</i>	9	Apex of First Metatarsal Head to Apex of Fifth Metatarsal Head	
	10	Navicular to Base of Fifth Metatarsal (oblique)	
	11	Medial Calcaneus to Lateral Calcaneus	
<i>ML Diameters of Leg</i>	12	Medial Malleolus to Lateral Malleolus (oblique)	
	13	ML at Narrowest Calf	
	14	ML at Base Calf	
	15	ML at Mid-Calf	
	16	ML at Top of AFO	
<i>AP Diameter</i>	17	AP at Heel	
<i>Circumference at:</i>	18	Narrowest Calf	
	19	Base Calf	
	20	Mid-Calf	
	21	Top of AFO	

**Alignment Information**

*Ankle Mortise (If unmarked, 0° will be used)*

- Dorsiflexion \_\_\_\_\_
- Plantarflexion \_\_\_\_\_

*Hindfoot*

- Inversion \_\_\_\_\_
- Eversion \_\_\_\_\_

*Forefoot*

- Supination \_\_\_\_\_
- Pronation \_\_\_\_\_
- ADduction \_\_\_\_\_
- ABduction \_\_\_\_\_

*Toe (If unmarked, 7° out will be used)*

- In \_\_\_\_\_
- Out \_\_\_\_\_

**Additional Information**

*Arch:*  
High / Mid / Low / None

*Navicular Relief*

*Proximal Flare*   
(1/4" standard)

*Custom Proximal Flare*   
(specify depth \_\_\_\_\_)

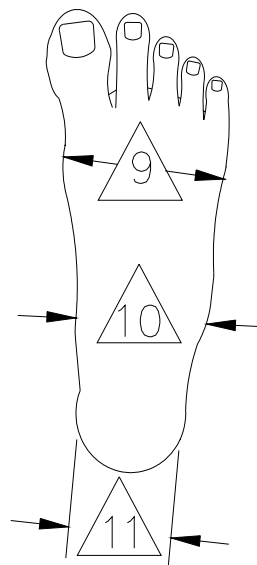
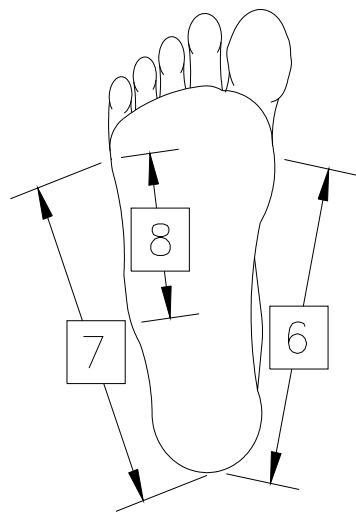
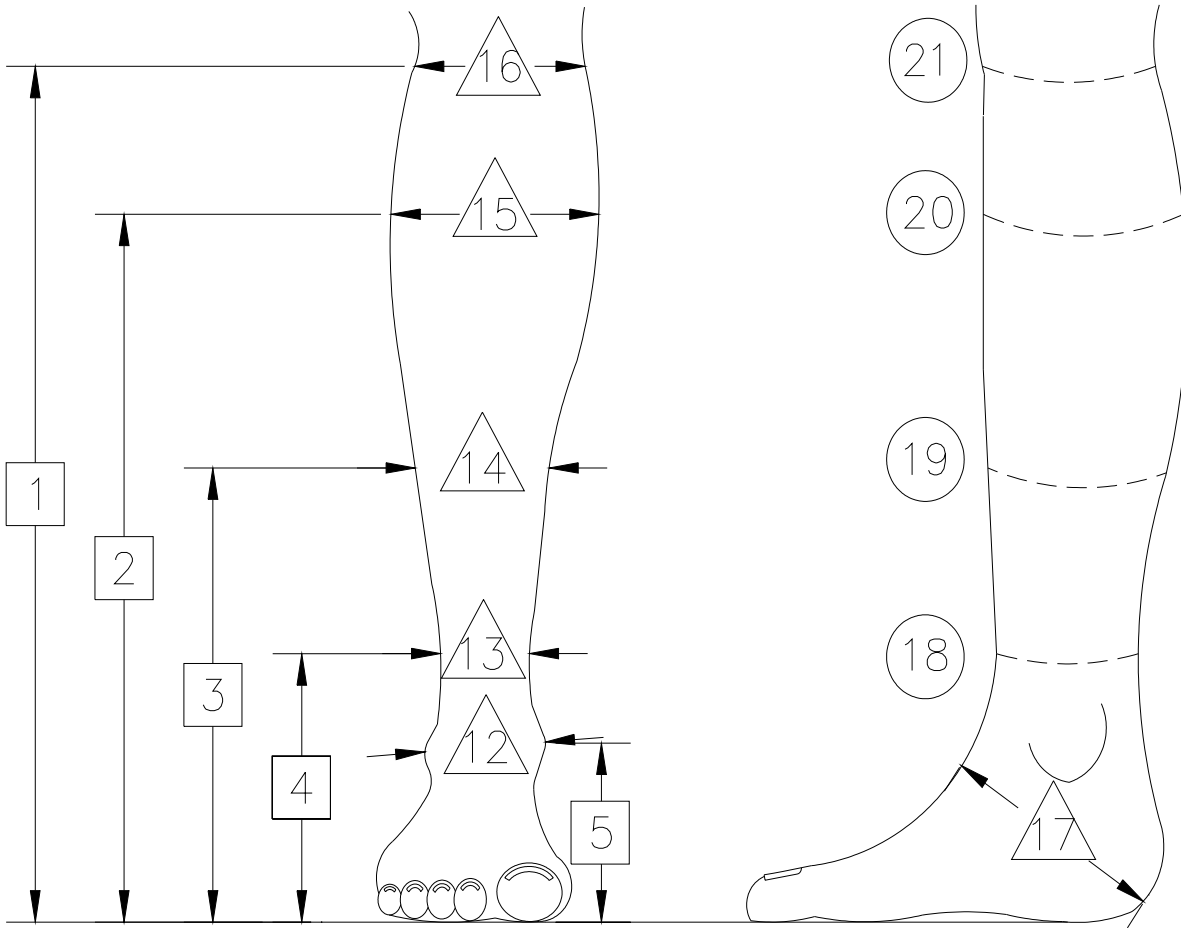
**Tibial Varum**

Offset from posterior calcaneus to center of desired posterior-proximal trimline:

\_\_\_\_\_

Height from floor to point where varum becomes noticeable: \_\_\_\_\_

## CAD/CAM AFO MEASUREMENT REFERENCE



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## CAD/CAM AFO ORTHOSIS INFORMATION

### OPTIONS - Circle your choice(s) and add any notes in 'Special Instructions'

- |  |  |
|--|--|
| D-22 GILLETTE JTS. Specify: _____<br>D-22A TAMARACK JTS. Specify: _____<br>D-22B TAMARACK JTS. DORSI ASSIST Specify: _____<br><br>D-23 OKLAHOMA JTS. Specify: _____<br>D-24 SCOTTY JTS. Specify: _____<br>D-25 795 MOTION LIMITER<br>D-26 COMPCORE REINFORCEMENT<br>D-26A PLASTIC REINFORCEMENT<br>D-28 SOFT INTERFACE - CALF<br>D-29 SOFT INTERFACE - FOOT<br>D-32 ANTERIOR TIBIAL PANEL<br>D-33 VENT HOLES<br>D-34 FLARE | D-35 CUT OUT<br>D-37 TRAF0 MODS.<br>D-38 655 MOTION LIMITER<br>Specify: _____<br>D-39 755 MOTION LIMITER<br>D-43 CAMBER AXIS JTS.<br>D-51 PADS<br>D-53 ST PADS<br>D-54 POSTING<br>D-80 1/16" P.E. TONGUE<br>D-81 PELITE TONGUE<br>D-81A REMOVABLE TONGUE<br>D-82 ADDITIONAL VELCRO STRAP |
|--|--|

#### PLASTIC

- POLYPROPYLENE    
  COPOLYMER    
  POLYETHYLENE    
  OTHER: \_\_\_\_\_

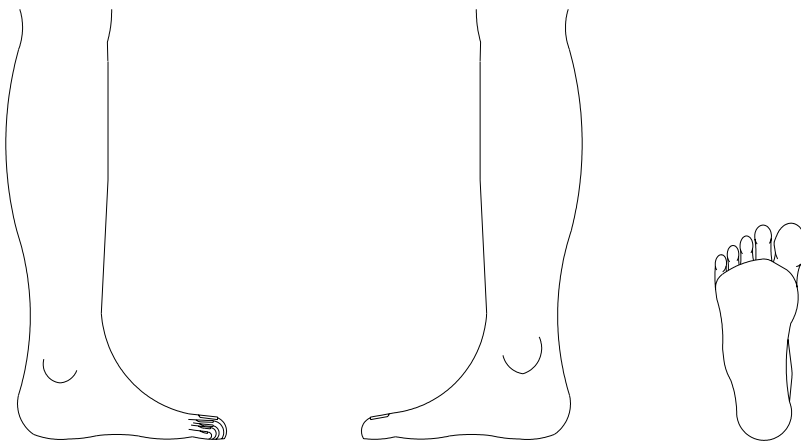
#### THICKNESS

- 1/4"    
  3/16"    
  1/8"    
  OTHER: \_\_\_\_\_

#### TRIMLINES

- |   |   |
|---|---|
| SOLID ANKLE:<br><input type="checkbox"/> SOLID (AT MALLEOLAR APEX)<br><input type="checkbox"/> RIGID (1/2" POSTERIOR TO MALLEOLAR APEX)<br><input type="checkbox"/> POSTERIOR LEAF SPRING (Dorsiflexion Assist) | FOOTPLATE:<br><input type="checkbox"/> FULL<br><input type="checkbox"/> SULCUS<br><input type="checkbox"/> OTHER: _____ |
|---|---|

(Draw trimlines below as necessary.)



#### SPECIAL INSTRUCTIONS

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#### SHIPPING INSTRUCTIONS

- UPS GROUND    
  UPS 2<sup>ND</sup> DAY AIR    
  UPS NEXT DAY AIR    
  OTHER: \_\_\_\_\_